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PATENT, TRADEMARK
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Date: August 9, 2004

FACSIMILE COVER LETTER

Facsimile Number: (703) 872-9306

To: Examiner K. Vu
Group Art Unit 2173, USPTO

From: Mr. Daniel J. Stanger
MATTINGLY, STANGER & MALUR, P.C.

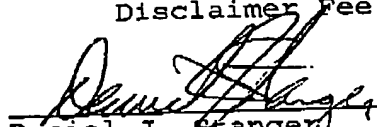
Re: USSN ~~09/385,638~~ 09,908,498
Attorney Docket No.: ASA-755-02

CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that the following listed documents are being facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below:

PTO-1083/Transmittal;
Reply;
Terminal Disclaimer;
Petition for one-month Extension of Time; and
Credit Card Form for \$220 for 1m EOT & Terminal
Disclaimer Fee.

August 9, 2004


Daniel J. Stanger
Reg. No. 32,846

Date

Total Number of Pages (including cover sheet): 19

If the facsimile you receive is incomplete or illegible,
please CALL (703) 684-1120. Thank you.

FORM PTO-1083

PATENT

Case Docket No. ASA-755-02

In RE application of H. ISHIZAKI et al

Serial No.: 09/928,498

Group Art Unit: 2173

Filed: August 12, 2001

Examiner: K. VU

For: SCHEDULING MANAGEMENT SYSTEM AND ITS PROCESS CONTROL METHOD

Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

Transmitted herewith is an Amendment in the above-identified application.

☐ Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.

☐ A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.

☐ No additional fee is required.

The fee has been calculated as shown below:

(COL. 1)	(COL. 2)	(COL. 3)
Claims Remaining After Amendment	Highest No. Previously Paid For	Present Extra
Total * 3	Minus ** 20	= 0
Indep. * 3	Minus *** 3	= 0
<input type="checkbox"/> First Presentation of Multiple Dependent Claims		

SMALL ENTITY

Rate	Additional Fee
x 9	\$
x 42	\$
+ 140	\$
Total	\$

OR

OTHER THAN A SMALL ENTITY

Rate	Additional Fee
x 18	\$ 0
x 84	\$ 0
+ 280	\$ 0
Total	\$ 0

OR

- * If the entry in Col. 1 is less than the entry in Col. 2, write '0' in Col. 3.
 ** If the 'Highest Number Previously Paid For' IN THIS SPACE is less than 20, write '20' in this space.
 *** If the 'Highest Number Previously Paid For' IN THIS SPACE is less than 3, write '3' in this space.
 The 'Highest Number Previously Paid For' (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior Amendment or the number of claims originally filed.

☐ Please charge my Deposit Account No. 50-1417 in the amount of \$ _____.

☒ A check in the amount of \$ 220.00 is attached in payment of:
CREDIT CARD FORM (AMEX) ATTACHED 1EOT & TERM DISC.

☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-1417.

☒ Any filing fees under 37 CFR 1.16 for the presentation of extra claims.

☒ Any patent application processing fees under 37 CFR 1.17.

☒ Any Extension of Time fees that are necessary, which are hereby requested if necessary.

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By:

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Date: August 9, 2004